2015 Benefit Costs For Regular Employees



As a regular employee, you receive county-paid medical, dental and vision coverage, plus basic life insurance, basic accidental and dismemberment (AD&D) insurance and basic long-term disability (LTD) insurance. You may pay for supplemental life insurance, supplemental AD&D insurance and supplemental LTD insurance. The 2015 rates for this coverage are shown below.

Supplemental life insurance

Age	Monthly cost per \$1,000 supplemental life for you	Monthly cost per \$1,000 supplemental life for your spouse/domestic partner	Calculate your total monthly for supplemental life	/ cost
Under 25	\$ 0.028	\$ 0.060	Enter your base annual salary (BAS) here	1. \$
25-29	\$ 0.034	\$ 0.072	Enter 1 for 1x your BAS for yourself here Enter 2 for 2x your BAS for yourself here Enter 3 for 3x your BAS for yourself here Enter 4 for 4x your BAS for yourself here	2.
30-39	\$ 0.047	\$ 0.097	Multiply line 1 by line 2 and enter the answer here	3. \$
40-44	\$ 0.059	\$ 0.122	Round line 3 to the next higher \$1,000 and enter the amount here	4
45-49	\$ 0.094	\$ 0.194	Divide line 4 by 1,000 and enter the amount here	5
50-54	\$ 0.162	\$ 0.340	Enter the rate of supplemental life/\$1,000 for your age from the second column here	6. \$
55-59	\$ 0.289	\$ 0.609	Multiply line 5 by line 6 and enter the answer here	7. \$
60-64	\$ 0.385	\$ 0.800	If you elect supplemental life for your spouse/domestic partner, enter 0.5 here; if not, enter 0 and go to step 12	8
65-69	\$ 0.658	\$ 1.374	Multiply line 5 by line 8 and enter the answer here	9.
70+	\$ 1.069	\$ 2.229	Enter the rate of supplemental life/\$1,000 for your age (not your spouse/domestic partner's age) from the third column here	10. \$
			Multiply line 9 by line 10 and enter the answer here	11. \$
			If you elect supplemental life for children, enter \$0.901 here; if not, enter 0	12. \$
			Add lines 7, 11 and 12 for your estimated total monthly cost here	13. \$

Supplemental accidental death and dismemberment (AD&D) insurance

If you elect this supplemental amount	Monthly cost for you	Monthly cost to cover your spouse/domestic partner at 50% of your amount	Monthly cost to cover your spouse/domestic partner at 100% of your amount	Monthly cost to cover all your children at 10% of your amount
\$ 50,000	\$.85	\$.43	\$.85	\$.25
\$ 100,000	\$ 1.70	\$.85	\$ 1.70	\$.50
\$ 150,000	\$ 2.55	\$ 1.28	\$ 2.55	\$.75
\$ 200,000	\$ 3.40	\$ 1.70	\$ 3.40	\$ 1.00
\$ 250,000	\$ 4.25	\$ 2.13	\$ 4.25	\$ 1.25
\$ 300,000	\$ 5.10	\$ 2.55	\$ 5.10	\$ 1.50
\$ 350,000	\$ 5.95	\$ 2.98	\$ 5.95	\$ 1.75
\$ 400,000	\$ 6.80	\$ 3.40	\$ 6.80	\$ 2.00
\$ 450,000	\$ 7.65	\$ 3.83	\$ 7.65	\$ 2.25
\$ 500,000	\$ 8.50	\$ 4.25	\$ 8.50	\$ 2.50

Supplemental long-term disability (LTD) insurance

Calculate your total monthly cost for supplemental LTD	
Enter your hourly rate (if you know your base annual salary, go to line 4)	1
Enter hours you work each week	2
Multiple line 1 by line 2 to determine your weekly salary	3
Multiply line 3 by 52 to determine your base annual salary (BAS)	4
Divide line 4 by 100	5
LTD premium rate	6. 0.264
Multiply line 5 by line 6 to determine your annual cost	7
Divide line 7 by 12 to determine your monthly cost	8